



**AFFIDAVIT ACCOMPANYING MOTION FOR
PERMISSION TO APPEAL IN FORMA PAUPERIS**
United States Court of Appeals
for the Seventh Circuit

FEB 13 2008 *all*

**MICHAEL W. DORRINS
CLERK, U.S. DISTRICT COURT**

Kerwin Deundra Doss

) Appeal from the United States District Court for the
) Northern District of Illinois

FEB 13 2008

v. Case No. 08-1203

) District Court No. 07C6538

State of Illinois, ex. al

) District Court Judge Charles R. Norgle

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed: Kerwin D. Doss**Instructions**

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: 2-1-08

My issues on appeal are: That my previous civil complaint does not fail to state a claim. Also that with this Honorable District court granting me the appointment of assistance as counsel, my claims can be properly prepared, stated and argued. But most of all, I should be given the opportunity through an evidentiary hearing to show proof in the form of evidence that supports my claims.

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Self-employment	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Interest and dividends	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Gifts	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Alimony	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Child support	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Unemployment payments	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Other (specify): <u>N/A</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Total monthly income:	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
1st. Staff Temp. Service	101 St. Dr.	1/06 to 2/06	\$2500.00

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
N/A	N/A	N/A	N/A

4. How much cash do you and your spouse have? \$ 0

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
None	N/A	0	N/A
None	N/A	0	N/A
None	N/A	0	N/A

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home (Value)	Other real estate (Value)	Motor Vehicle #1 (Value)
None	None	Make & year: None

None	None	Model: None
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None	None	Registration # N/A
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Motor Vehicle #2 (Value)	Other assets (Value)	Other assets (Value)
Make & year: None	None	None

Model: None	None	None
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Registration # N/A	None	None
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6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
<u>None</u>	<u>0</u>	<u>N/A</u>
_____	_____	_____
_____	_____	_____

7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
<u>None</u>	<u>N/A</u>	<u>N/A</u>
_____	_____	_____
_____	_____	_____

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (including lot rented for mobile home)	\$ <u>0</u>	\$ <u>N/A</u>
Are real estate taxes included? [] Yes <input checked="" type="checkbox"/> No		
Is property insurance included? [] Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>0</u>	\$ <u>N/A</u>
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ <u>N/A</u>
Food	\$ <u>0</u>	\$ <u>N/A</u>
Clothing	\$ <u>0</u>	\$ <u>N/A</u>
Laundry and dry-cleaning	\$ <u>0</u>	\$ <u>N/A</u>
Medical and dental expenses	\$ <u>0</u>	\$ <u>N/A</u>
Transportation (not including motor vehicle expenses)	\$ <u>0</u>	\$ <u>N/A</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ <u>N/A</u>
Insurance (not deducted from wages or included in mortgage payments) Homeowner's or renter's	\$ <u>0</u>	\$ <u>N/A</u>

Life	\$ <u>0</u>	\$ <u>N/A</u>
Health	\$ <u>0</u>	\$ <u>N/A</u>
Motor vehicle	\$ <u>0</u>	\$ <u>N/A</u>
Other: <u>None</u>	\$ <u>0</u>	\$ <u>N/A</u>
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$ <u>0</u>	\$ <u>N/A</u>
Installment payments	\$ <u>0</u>	\$ <u>N/A</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>N/A</u>
Credit card (name): <u>None</u>	\$ <u>0</u>	\$ <u>N/A</u>
Department store (name): <u>None</u>	\$ <u>0</u>	\$ <u>N/A</u>
Other: <u>None</u>	\$ <u>0</u>	\$ <u>N/A</u>
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u>N/A</u>
Regular expenses for operation of business, profession, or farm (attach detail)	\$ <u>0</u>	\$ <u>N/A</u>
Other (specify): <u>None</u>	\$ <u>0</u>	\$ <u>N/A</u>
Total monthly expenses:	\$ <u>0</u>	\$ <u>N/A</u>

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

[] Yes ☒ No If yes, describe on an attached sheet.

10. Have you paid-or will you be paying-an attorney any money for services in connection with this case, including the completion of this form?

[] Yes ☒ No If yes, how much? \$ _____

If yes, state the attorney's name, address, and telephone number:

11. Have you paid-or will you be paying-anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

[] Yes [X] No If yes, how much? \$ _____

If yes, state the person's name, address, and telephone number:

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

Because I am currently incarcerated and without the means to support myself.

13. State the address of your legal residence.

1413 Cecelia Ave.
Joliet, IL 60432

Your daytime phone number: (215) 706-8804

Your age: 29 Your years of schooling: 10

Your social-security number: 318-68-8365

Case 1:07-cv-06538 Document 20 Filed 02/13/2008 Page 6 of 7

Booking | Discharge | Search | Forms | Close | Main Menu | Property | Medical | Housing | Case Charge | Scheduling | Time Adjustment | Warrants | Help

Demographics | Identifiers | BMT | Warnings | Alias | Gang Info | School Info | Employment | Emergency Contacts | Arrest | Photos | Discharge

Trust Menu | Main Menu | Edit | Help

Case Number: 2006 0003125

Trans #	Amount	Description	Type	Date	Cleared	Uncleared
63	\$10.00	117599	CASH	01/31/2008	\$10.00	\$0.00
62	\$0.01	35997	COMM	01/24/2008	\$0.00	\$0.00
61	\$19.99	35849	COMM	01/17/2008	\$0.01	\$0.00
60	\$20.00	117514	CASH	01/14/2008	\$20.00	\$0.00
59	\$5.43	34912	COMM	01/10/2008	\$0.00	\$0.00
58	\$4.57	34901 COURT	PAYCHECK	01/04/2008	\$5.43	\$0.00
57	\$10.00	117285	CASH	01/03/2008	\$10.00	\$0.00
56	\$0.32	34407	COMM	10/15/2007	\$0.00	\$0.00
55	\$12.01	34373	COMM	10/05/2007	\$0.32	\$0.00
54	\$37.67	34324	COMM	09/28/2007	\$12.33	\$0.00
53	\$50.00	115558	CASH	09/24/2007	\$50.00	\$0.00
52	\$0.03	35858	COMM	07/13/2007	\$0.00	\$0.00

Find Another Invoice

2006-0003125 SPANO, JEREMAH J

11:26 AM

2008-02-13

WILL COUNTY ADULT DETENTION FACILITY
INMATE REQUEST FORM 22NAME: _____ CIMIS: _____ DATE: _____ POD: _____ CELL: _____
(Last, First, M.I.)

INSTRUCTIONS

- (1) PRINT ALL INFORMATION
- (2) PROVIDE AS MUCH INFORMATION AS POSSIBLE, FILL OUT THE NARRATIVE SECTION
- (3) CHECK THE () ITEM YOU ARE REQUESTING FOR INFORMATION
- (4) FILL OUT **ONLY ONE (1) REQUEST** PER FORM
- (5) SUBMIT THE WHITE AND YELLOW COPY OF THE REQUEST FORM, KEEP THE PINK COPY

- () CLASSIFICATION SECTION
- () REQUEST FOR TENDER STATUS
 - () REQUEST FOR RECLASSIFICATION
 - () REQUEST TO SEE CLASSIFICATION OFFICER
 - () PROBLEMS WITH OTHER INMATES
 - () APPEAL OF DISCIPLINARY BOARD HEARING
- () ADMINISTRATIVE SECTION
- () REQUEST FOR INFORMATION
 - () COURT DATE () WRITS () HOLDS () MAIL ☒ TRUST ACCOUNT
 - () VISITING LIST CHANGE () REQUEST SPECIAL VISIT
 - () LAUNDRY
 - () PROPERTY
 - () FOOD SERVICE SECTION
 - () COMMISSARY SECTION
 - () COMPLAINT ABOUT TREATMENT / GRIEVANCES
 - () APPEAL OF GRIEVANCE
 - () REQUEST TO GO TO LAW LIBRARY
 - () OTHER

AREA BELOW NARRATIVE FOR ABOVE REQUEST - USE SPACE BELOW AND ATTACH PAPER IF NECESSARY:

INMATES SIGNATURE: _____ CIMIS NUMBER: _____

STAFF RESPONSE

POD OFFICER/ STAFF SIGNATURE: R. J. [Signature] #: 1750 DATE: 1-30-08

SERGEANT/ AREA SUPERVISOR SIGNATURE: [Signature] #: 261 DATE: 2-1-08

LIEUTENANT/ WATCH COMMANDER SIGNATURE: _____ #: _____ DATE: _____

WARDEN/ DEPUTY CHIEF SIGNATURE: _____ #: _____ DATE: _____

WHITE—SEND TO CLASSIFICATION YELLOW—RETURN TO INMATE PINK—INMATE RETAINS AFTER FILLING OUT REV 7/00